

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 345431	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/19/2014
NAME OF PROVIDER OR SUPPLIER OUR COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 156	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 345431	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/19/2014
NAME OF PROVIDER OR SUPPLIER OUR COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 156	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to issue liability notices for 2 (Resident # 29 and Resident #49) of 3 residents reviewed for liability notices. The findings include: An interview was conducted with the Business Manager on 12/15/2014 at 3:30PM. The Business Manager stated that she did not know if the facility had any liability notice letters issued. She stated the resident's insurance coverage was evaluated before the resident was admitted. The resident or their family was then informed how many days Medicare would allow for their rehabilitation stay before they were admitted, so the facility did not have to send out a notice of when Medicare would terminate. The Business Manager was not aware residents needed a notice that Medicare was terminating for their right to appeal. On 12/16/2014 at 12:30PM, the Administrator asked for clarification on liability notices. The Administrator stated that they did not have any liability notices in the past year, because the residents insurance was evaluated for length of stay before the residents were admitted to the facility. The Administrator stated that the facility had a change of social workers in the past year and no notices had gone out. On 12/18/2014 at 11:29AM, an interview with the Social Worker revealed that Resident #29 and Resident #49 had Medicare as their primary insurance. Both residents were discharged before the Social Worker started at the facility. The Social Worker stated she was not aware of any notices to have signed since she began working at the facility 1 month ago. On 12/19/2014 at 9:33 AM, an interview with the Administrator was conducted. The administrator stated that he wasn't aware that the liability notices had not been sent out, but they would be doing this in the future, and it should have been done.</p>			
F 159	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the</p>			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345431	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/19/2014
NAME OF PROVIDER OR SUPPLIER OUR COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 159	<p>Continued From Page 2</p> <p>facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interview, the facility failed to issue quarterly financial bank statements to 1 of 3 cognitively intact residents (Resident #7) with resident trust fund accounts.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on 12/20/13. An annual Minimum Data Set (MDS) dated 10/24/14 indicated Resident #7 was cognitively intact.</p> <p>During an interview on 12/16/14 at 10:11 AM, Resident #7 indicated he had an account with the facility but did not receive statements. If he wanted to know how much money was in his account, he had to ask.</p> <p>During an interview on 12/18/14 at 10:22 AM, Administrative Staff #2 indicated she was responsible for mailing the quarterly statements to the responsible parties. She stated she also distributed quarterly statements only to those alert and oriented residents who requested a statement.</p>		